

UNITED STATES DISTRICT COURT

for the

## Middle District of Tennessee

United States of America

v.  
Heather L. Marks )  
 ) Case No. 2:19-00003 Judge Trauger  
 )  
 )  
 )  
 )  
 )

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*Defendant*

## ARREST WARRANT

To: Any authorized law enforcement officer

**YOU ARE COMMANDED** to arrest and bring before a United States magistrate judge without unnecessary delay  
(name of person to be arrested) Heather L. Marks \_\_\_\_\_, who is accused of an offense or violation based on the following document filed with the court:

Indictment       Superseding Indictment       Information       Superseding Information       Complaint  
 Probation Violation Petition       Supervised Release Violation Petition       Violation Notice       Order of the Court

This offense is briefly described as follows:

21:841(a)(1) Distribution of oxycodone and oxymorphone (Counts 1-4)

Date: 04/10/2019



City and state:      Nashville, Tennessee

*Clayton A. Brooks*  
Issuing officer's signature

*Issuing officer's signature*

Joyce A. Brooks, Criminal Docketing Clerk

*Printed name and title*

## Return

This warrant was received on (date) \_\_\_\_\_, and the person was arrested on (date) \_\_\_\_\_  
at (city and state) \_\_\_\_\_.

Date:

*Arresting officer's signature*

*Printed name and title*

**This second page contains personal identifiers provided for law-enforcement use only and therefore should not be filed in court with the executed warrant unless under seal.**

*(Not for Public Disclosure)*

Name of defendant/offender: \_\_\_\_\_

Known aliases: \_\_\_\_\_

Last known residence: \_\_\_\_\_

Prior addresses to which defendant/offender may still have ties: \_\_\_\_\_

Last known employment: \_\_\_\_\_

Last known telephone numbers: \_\_\_\_\_

Place of birth: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Social Security number: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Sex: \_\_\_\_\_ Race: \_\_\_\_\_

Hair: \_\_\_\_\_ Eyes: \_\_\_\_\_

Scars, tattoos, other distinguishing marks: \_\_\_\_\_

History of violence, weapons, drug use: \_\_\_\_\_

Known family, friends, and other associates (name, relation, address, phone number): \_\_\_\_\_

FBI number: \_\_\_\_\_

Complete description of auto: \_\_\_\_\_

Investigative agency and address: \_\_\_\_\_

Name and telephone numbers (office and cell) of pretrial services or probation officer (if applicable): \_\_\_\_\_

Date of last contact with pretrial services or probation officer (if applicable): \_\_\_\_\_